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PSYCHOLOGICAL LITERATURE.

I.—NERVOUS SYSTEM.

Ueber Faserschwund in der Kleinhirnrinde. ADOLPH MEYER. Archiv f. Psych. u. Nervenkrankheiten. Bd. XXI, H. 1; mit 1. Taf.

The network of fibers in the granular layer of the cerebellar cortex was the portion examined by the author. The loss of fibers here was found to take place to a varying extent, and for convenience he distinguishes those cases in which it is slight, medium, and excessive; specimens were stained with Weigert's Hæmatoxylin. He then cites fifteen cases which he has himself examined. Dividing these according to the degree of degeneration of the cerebellar fibers into three groups, they form: Group I, Case 1. General progressive paralysis; in which degeneration was slight.—Group II, Cases 2-6 inclusive. Three of these were general progressive paralysis, one melancholia with stupor, one chronic paranoia. Degeneration medium.—Group III, Cases 7-14 inclusive. Seven of these were general progressive paralysis, one dementia senilis. Degeneration excessive.

The 15th case (idiotcy) falls outside of any of these groups, being most probably a case of arrested development. The prominent characteristic in these cases was dementia. There was always a loss of fibers in the cerebral cortex—and the loss in the cerebella cortex appeared to follow on that in the cerebrum, and to be a slow process. The cause is entirely obscure, but the course of the fibers involved is taken to be through the middle peduncle of the cerebellum to the pons, and so to the cerebrum. The author looks forward to pursuing the investigation more in detail.

(The apparently close relation thus developed between the cerebral and cerebellar cortex, and association of degeneration of the fibers with dementia in this general way, are both facts of great value.—REV.)

Recherches sur la localization des conducteurs des impressions sensibles dans les diverses parties de l'encéphale et sur la pathogenie de anesthésies de cause encéphalique. M. BROWN-SEQUARD. Archives de physiologie, etc., No. 3, Juillet, 1889.

The author opens with the following propositions:

1. Each half of the brain is able to perceive sensory impressions arising in the two halves of the body.
2. The sensory elements are so distributed in the brain that sensation remains even when a large portion of the two halves of the brain has been destroyed.
3. The transmission of sensations still occurs even when the cord has been completely severed by two hemisections at different levels and on opposite sides, provided they are sufficiently distant from one another.
4. If we attribute the anaesthesia following organic lesions of the brain or cord to loss of function in the part injured, we are compelled to admit absurdities. . . . As a matter of fact clinical experience shows that anaesthesia may or may not appear whatever the location of the organic lesion.
5. Anaesthesia, due to brain lesions, may occur on either or both sides when the lesion is single, or on one side when the brain lesion is double, or may disappear while the brain lesion at the same time becomes more extensive.
6. In the case of partial organic brain lesion the anaesthesia is therefore not due to the loss of function in the